

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted With Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	10014
First Named Inventor	Michael S. Marszalek
COMPLETE IF KNOWN	
Application Number	10/692,603
Filing Date	October 24, 2003
Art Unit	Not Yet Known
Examiner Name	Not Yet Known

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BOTTLED WATER DISPENSER WITH SHUTOFF,
VARIABLE FILTRATION CAPACITY AND
REPLACEABLE CARTRIDGE FILTER

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 10/24/2003 as United States Application Number or PCT International

Application Number 10/692,603 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☒ Customer Number: 35420 OR ☒ Correspondence address below

Name

Michael P. Mazza (Reg. No. 34092)

Address

686 Crescent Blvd.

City

Glen Ellyn

State

Illinois

ZIP

60137

Country

USA

Telephone

630-858-5071

Fax

630-858-0373

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

Michael S.

Family Name

or Surname

MarszalecInventor's
Signature

Date

Residence: City

Freeport

State

Illinois

Country

USA

Citizenship

USA

Mailing Address

5667 US Rte 20 W

City

Freeport

State

Illinois

ZIP

61032

Country

USA**NAME OF SECOND INVENTOR:**

A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

Lowell

Family Name

or Surname

BurnhamInventor's
Signature

Date

Residence: City

Freeport

State

Illinois

Country

USA

Citizenship

USA

Mailing Address

571 Sierra Drive #5

City

Freeport

State

Illinois

ZIP

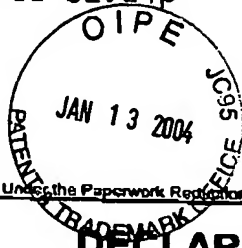
61032

Country

USA

Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

DOCKET 10014

PTO/SB/01 (08-03)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 35420 OR <input checked="" type="checkbox"/> Correspondence address below			
Name Michael P. Mazza (Reg. No. 34072)			
Address 686 Crescent Blvd.			
City Glen Ellyn		State Illinois	ZIP 60137
Country USA	Telephone 630-858-507	Fax 630-858-0373	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Michael S.		Family Name or Surname Marszalec	
Inventor's Signature Michael S. Marszalec		Date 11/03/03	
Residence: City Freeport	State Illinois	Country USA	Citizenship USA
Mailing Address 5667 US Rte 20 W			
City Freeport	State Illinois	ZIP 61032	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Lowell		Family Name or Surname Burnham	
Inventor's Signature Lowell Burnham		Date 11/03/03	
Residence: City Freeport	State Illinois	Country USA	Citizenship USA
Mailing Address 571 Sierra Drive #5			
City Freeport	State Illinois	ZIP 61032	Country USA
<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

Nov 08 03 02:31p

p.3

10:14

Nov 03 03 02:08p

p.4

PTO/SB/03A (08-02)
Approved for use through 6/30/2008. OMB 0531-0002
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Patent Cooperation Treaty of 1978, inventors are required to provide a declaration of inventorship. This form is used to provide a declaration of inventorship.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	
		Page <u>1</u> of <u>2</u>	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Chun-Yee		Wang	
Inventor's Signature	Date		11/04/03
Residence: City	Daytona Beach	State	Florida
		Country	USA
Residence: City	TIB Jimmy Bce Dr. #610		
Mailing Address			
City	Daytona Beach	State	Florida
		Zip	32114
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Rafael M.		Rodriguez	
Inventor's Signature	Date		11/5/03
Residence: City	Ormond Beach	State	Florida
		Country	USA
Residence: City	Ormond Beach		
Mailing Address	B Arcara Ct.		
Mailing Address			
City	Ormond Beach	State	Florida
		Zip	32174
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Nathan		Snell	
Inventor's Signature	Date		11/7/03
Residence: City	Mooreville	State	NC
		Country	USA
Residence: City	Mooreville		
Mailing Address	123 Broken Pine Lane		
Mailing Address			
City	Mooreville	State	NC
		Zip	28117
		Country	USA

This collection of information is required by 35 U.S.C. 115 and 37 C.F.R. 1.52. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO) to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 C.F.R. 1.54. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form, or other suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 7400, Alexandria, VA 22313-1400. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1400, Alexandria, VA 22313-1400.

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p.6

10:16385882373

FROM: 06:27 2003-4-04

Nov 03 03 02:08p

P.5

PTO/SB/02A (09-03)
Approved for use through 07/31/2005. OMB 0501-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	
		Page	2 of 2
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Todd		Krowczyk	
Inventor's Signature		Date	
11/04/03			
Residence: City	Ormond Beach	State	FLA
		Country	USA
		Citizenship	USA
Mailing Address			
4 Araceo Ct.			
Mailing Address			
City	Ormond Beach	State	FLA
		Zip	32174
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Skye V.		Taylor	
Inventor's Signature		Date	
11.14.03			
Residence: City	Anderson	State	SC
		Country	USA
		Citizenship	USA
Mailing Address			
1209 Springbrook Drive			
Mailing Address			
City	Anderson	State	SC
		Zip	29621
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Johnnie H.		Copley	
Inventor's Signature		Date	
Residence: City	Morris	State	IL
		Country	USA
		Citizenship	USA
Mailing Address			
3775 Dixon Drive			
Mailing Address			
City	Morris	State	IL
		Zip	60450
		Country	USA

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PTO/SB/02A (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

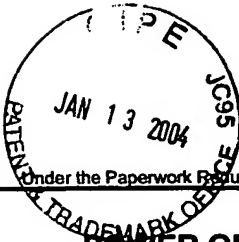
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DECLARATION				ADDITIONAL INVENTOR(S)	
				Supplemental Sheet	
				Page <u>2</u> of <u>2</u>	
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
Todd			Krowczyk		
Inventor's Signature			Date		
Residence: City		Ormond Beach	State	FLA	Country
Mailing Address		4 Arcara Ct.			
Mailing Address					
City		Ormond Beach	State	FLA	Zip
				32174	Country
				USA	Citizenship
					USA
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
Skya			Taylor		
Inventor's Signature			Date		
Residence: City		Anderson	State	SC	Country
Mailing Address		1209 Springbrook Drive			
Mailing Address					
City		Anderson	State	SC	Zip
				29621	Country
				USA	Citizenship
					USA
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
Johnnie H.			Copley		
Inventor's Signature			Date		
Residence: City		Morris	State	IL	Country
Mailing Address		3775 Dixon Drive			
Mailing Address					
City		Morris	State	IL	Zip
				60450	Country
				USA	Citizenship
					USA

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/692,603
Filing Date	10-24-2003
First Named Inventor	Michael S. Marszalec
Title	Bottled Water Dispenser
Art Unit	Not Yet Known
Examiner Name	Not Yet Known
Attorney Docket Number	10014

I hereby appoint:



Practitioners associated with the Customer Number:

AND/OR



Practitioner(s) named below:

35,420

Name	Registration Number
Michael P. Mazza	34,092

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:



The address associated with the above-mentioned Customer Number:

OR



The address associated with Customer Number:

OR



Firm or
Individual Name

Michael P. Mazza, LLC

Address

686 Crescent Blvd

Address

City

Glen Ellyn

State

IL

Zip

60137-4281

Country

USA

Telephone

630-858-5071

Fax

630-858-0373

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	John B. Hterek, Vice President, Elkey Mfg Co., WaterTech Div.		
Signature			
Date	12/26/03	Telephone	630-574-8484

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



*Total of _____ forms are submitted.

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